

Showell Vol. Fire Dept., Inc. Application for EMS Membership

Name: _____

Last
First
Middle

Address: _____

Street
City
State
Zip

length of time at current address: _____ Marital status: S, M, D, W Phone#: _____

Social Security#: _____ Date of Birth: _____

Drivers License#: _____ Class type: _____

Current Employer: _____

Address: _____

Telephone#: _____ Full Time Part Time

Previous Employer is less than 2 years: _____

3 references other than firefighters:

<i>Name</i>	<i>Address</i>	<i>Phone#</i>

Member of previous fire/EMS company: Y N if yes: _____

Courses that I have completed: _____

Do you have a medical condition(s) that would prevent you from any firefighting? Y N

If yes please explain: _____

I hereby authorize the Showell Vol. Fire Dept. Inc. to investigate all statements contained in this application and to process a background check with law enforcement. To the best of my knowledge, all statements and answers which I have given are true, accurate and correct. I understand that misrepresentation or omission of facts may result in the nullification of this application or subsequent membership based on its contents.

Applicants Signature:	
Date of Application:	Date of board of review:
Date voted for by probation:	Date Voted for full membership: